

**APPLICATION FOR UNITED STATES PATENT  
DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: CANNULAS, CANNULA MOUNT ASSEMBLIES, AND CLAMPING METHODS USING SUCH CANNULAS AND CANNULA MOUNT ASSEMBLIES

described and claimed in the specification:

Check one

- \*a. ☐ attached hereto.  
b. ☒ filed on August 25, 2003 as Application No. 10/646,801 and amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application and/or United States provisional application filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

Provisional Patent Application Nos. 60/405,321 filed August 23, 2002 and 60/460,875 filed April 8, 2003.

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;  
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;  
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;  
Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463;  
Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025;  
Richard E. Rice, Reg. No. 31,560; Paul Tsou, Reg. No. 37,956; and  
Eric D. Morehouse, Reg. No. 38,565.

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.**

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	<b>Typewritten Full Name of First or Sole Inventor</b>	Douglas	A.	SCHEIN
		Given Name	Middle Initial	Family Name
2	<b>**Inventor's Signature:</b>			
3	<b>**Date of Signature:</b>	5	5	2003
		Month	Day	Year
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\*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

**IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE** ☐

**PAGE 2 OF U.S.A. DECLARATION FORM**  
**(Discard this page in a sole inventor application)**

1 *Typewritten Full Name*  
*of Second Joint Inventor (if any)*

David	W.	WRIGHT
Given Name	Middle Initial	Family Name

2 **\*\*Inventor's Signature:**

3 **\*\*Date of Signature:**

<i>DECEMBER</i>	<i>8</i>	<i>2003</i>
Month	Day	Year

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Raymond		SIRIANNE
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3 **\*\*Date of Signature:**

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Philip	D.	PALERMO
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2 **\*\*Inventor's Signature:**

3 **\*\*Date of Signature:**

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1 *Typewritten Full Name*  
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Russell	J.	KROLL
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2 **\*\*Inventor's Signature:**

3 **\*\*Date of Signature:**

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**Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.

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**PAGE 2 OF U.S.A. DECLARATION FORM**  
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1 <i>Typewritten Full Name of Second Joint Inventor (if any)</i>	David	W.	WRIGHT
	Given Name	Middle Initial	Family Name
2 <b>**Inventor's Signature:</b>	<hr/>		
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1 <i>Typewritten Full Name of Third Joint Inventor (if any)</i>	Raymond		SIRIANNE
	Given Name	Middle Initial	Family Name
2 <b>**Inventor's Signature:</b>			
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	Month	Day	Year
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1 <i>Typewritten Full Name of Fourth Joint Inventor (if any)</i>	Philip	D.	PALERMO
	Given Name	Middle Initial	Family Name
2 <b>**Inventor's Signature:</b>	<hr/>		
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1 <i>Typewritten Full Name of Fifth Joint Inventor (if any)</i>	Russell	J.	KROLL
	Given Name	Middle Initial	Family Name
2 <b>**Inventor's Signature:</b>	<hr/>		
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1 *Typewritten Full Name  
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1 *Typewritten Full Name  
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1 *Typewritten Full Name  
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1 *Typewritten Full Name  
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**PAGE 3 OF U.S.A. DECLARATION FORM**  
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1 ***Typewritten Full Name  
of Sixth Joint Inventor (if any)***

2 **\*\*Inventor's Signature:**

3 **\*\*Date of Signature:**

Residence:

Citizenship:

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John	M.	BRASSIL
Given Name	Middle Initial	Family Name

Month

Day

Year

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Illinois

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City

State or Province

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1 ***Typewritten Full Name  
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2 **\*\*Inventor's Signature:**

3 **\*\*Date of Signature:**

Residence:

Citizenship:

Post Office Address:  
(Insert complete  
mailing address,  
including country)

Given Name	Middle Initial	Family Name
------------	----------------	-------------

Month

Day

Year

City

State or Province

Country

1 ***Typewritten Full Name  
of Eighth Joint Inventor (if any)***

2 **\*\*Inventor's Signature:**

3 **\*\*Date of Signature:**

Residence:

Citizenship:

Post Office Address:  
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mailing address,  
including country)

Given Name	Middle Initial	Family Name
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Month

Day

Year

City

State or Province

Country

1 ***Typewritten Full Name  
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2 **\*\*Inventor's Signature:**

3 **\*\*Date of Signature:**

Residence:

Citizenship:

Post Office Address:  
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mailing address,  
including country)

Given Name	Middle Initial	Family Name
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Month

Day

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City

State or Province

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